

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**Applicant(s): **Toshio KOBAYASHI et al.**

Docket No.

**121027-014**

Application No.

**09/220,223**

Filing Date

**December 23, 1998**

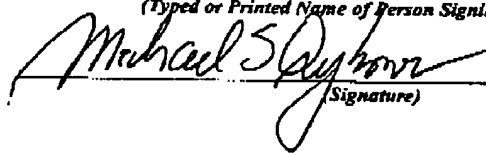
Examiner

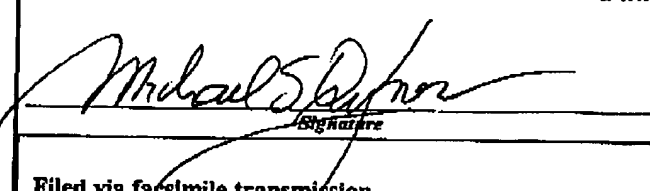
**Elizabeth Cole**

Group Art Unit

**1771**

Invention:

**NONWOVEN FABRIC AND METHOD OF MAKING THE SAME****RECEIVED  
CENTRAL FAX CENTER****OCT 07 2005**I hereby certify that this Preliminary Amdt., Amdt. Trans., RCE, Fee Transmittal*(Identify type of correspondence)*is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)on October 7, 2005*(Date)*Michael S. Gzybowski*(Typed or Printed Name of Person Signing Certificate)*  
*(Signature)***Note: Each paper must have its own certificate of mailing.**

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>121027-014</b>	
Applicant(s): <b>Toshio KOBAYASHI et al.</b>						
Application No. <b>09/220,223</b>	Filing Date <b>December 23, 1998</b>	Examiner <b>Elizabeth Cole</b>	Customer No. <b>35684</b>	Group Art Unit <b>1771</b>	Confirmation No.	
Invention: <b>NONWOVEN FABRIC AND METHOD OF MAKING THE SAME</b>						
<b>COMMISSIONER FOR PATENTS:</b>				<b>RECEIVED CENTRAL FAX CENTER OCT 07 2005</b>		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>12-2136</b></p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p></div></div>						
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p style="text-align: center;">Signature</p></div><div style="width: 45%; text-align: right;"><p>Dated: <b>October 7, 2005</b></p></div></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: 40%;"><p>Filed via facsimile transmission.</p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: 45%; text-align: center;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>						

OCT 07 2005

Doc Code:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 07/31/2008. OMB 0851-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL for FY 2005</b>		Application Number	09/220,223
		Filing Date	December 23, 1998
		First Named Inventor	Toshio KOBAYASHI et al.
		Examiner Name	Elizabeth Cole
		Art Unit	1771
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	121027-014
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>\$790.00</b>

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		

- 20 or HP = \_\_\_\_\_ x \$50.00 = \$0.00

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**

- 3 or HP = \_\_\_\_\_ x \$200.00 = \$0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** - 100 = 0 / 50 0 (round up to a whole) x \$250.00 = \$0.00

**4. OTHER FEE(S)**

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE)

\$790.00**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,816	Telephone	734-995-3110
Name (Print/Type)	Michael S. Gzybowski		Date	October 7, 2005	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.